

The Power of Creekside Band 2026-2027
STUDENT INFORMATION SHEET

STUDENT NAME: _____
(Last) (First) (M.I.)
Instrument (Marching) _____ (Concert) _____ Band Class Period: _____

Address _____

Father/Guardian _____ Home Phone _____ Cell _____

Mother/Guardian _____ Home Phone _____ Cell _____

Health Insurance Carrier: _____ ID No: _____ Group No: _____

***If persons above are not available in the event of an Emergency, notify**

Name _____ Relationship _____ Telephone/Cell _____

Name _____ Relationship _____ Telephone/Cell _____

Health Information:

Preferred Hospital _____

Allergies: Food, Medicines, Insects, Plants, Other. List and explain:

Please list any medications the student takes on a regular basis, or must carry with him/her

*The Band carries some over-the-counter medications such as Advil/Motrin, Immodium, Tums, etc.
Does the student have permission to be given such medications: **Yes:** _____ **No:** _____

List any physical or behavioral conditions that may affect/limit full participation in band events:

Parent/Guardian Consent:

I give permission for full participation in The Power of Creekside Band programs and events, subject to limitations made known to the director and/or adult leader in charge.

In case of Emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Furthermore, I release the Power of Creekside Band Booster Association from any and all liability with regard to their care of my child during a Power of Creekside Band event.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Date** _____

This Student Information Sheet will be maintained by the designated adult in charge at every Power of Creekside event.